



THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF CONSUMER AFFAIRS AND  
BUSINESS REGULATION

10 Park Plaza, Suite 5170  
Boston, MA 02116

**Application for Registration as a Home Improvement  
Contractor or Sub-Contractor**  
(MGL c. 142A; 780 CMR 110R6)

**For OCABR Use Only.**

Registration No:

Effective Date:

Expiration Date:

1. NAME OF APPLICANT: \_\_\_\_\_  
(MUST BE EITHER AN INDIVIDUAL, CORPORATION, LLC, LLP, TRUST, OR OTHER LEGAL ENTITY)
2. NUMBER OF EMPLOYEES: \_\_\_\_\_
3. APPLICANT TYPE: \_\_\_ INDIVIDUAL \_\_\_ CORPORATION \_\_\_ PARTNERSHIP \_\_\_ TRUST  
(CHECK ONE --- MUST BE SAME AS THE ENTITY IDENTIFIED IN #1)
4. IF THE APPLICANT IS A CORPORATION OR A PARTNERSHIP, PLEASE PROVIDE THE NAME, ADDRESS, SOCIAL SECURITY # AND TITLE OF THE INDIVIDUAL WHO WILL BE RESPONSIBLE FOR THE CORPORATION'S THE TRUST'S OR THE PARTNERSHIP'S WORK (Please review the Instructions before answering this question):

LAST	FIRST	SOCIAL SECURITY #	TITLE
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5. SOCIAL SECURITY NO.: \_\_\_\_\_ FEDERAL TAX ID NO.: \_\_\_\_\_

6. APPLICANT PHONE #: \_\_\_\_\_ APPLICANT EMAIL ADDRESS: \_\_\_\_\_

7. MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

8. PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP  
(PLEASE NOTE THAT A P.O. BOX IS NOT ACCEPTABLE FOR PERMANENT ADDRESS)

9. IF APPLICANT IS DOING BUSINESS UNDER A D/B/A, PLEASE STATE THAT D/B/A, AND ATTACH A COPY OF THE FICTITIOUS NAME CERTIFICATE FILED WITH THE CITY OR TOWN CLERK:

\_\_\_\_\_

10. (a) DOES THE APPLICANT OR RESPONSIBLE INDIVIDUAL HOLD ANY OTHER CONSTRUCTION-RELATED STATE, CITY OR TOWN LICENSES OR REGISTRATIONS? \_\_\_ YES \_\_\_ NO

(b) IF YES, PLEASE FILL IN INFORMATION BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY.

LICENSE TYPE	ISSUED BY	LICENSE/REG. #	EXP. DATE	LICENSEE NAME

- 11. LIST ALL PARTNERS, TRUSTEES, OFFICERS, DIRECTORS, AND MAJOR OWNERS (10% OR GREATER OF OWNERSHIP) OF AN APPLICANT PARTNERSHIP OR CORPORATION, BELOW. USE ADDITIONAL PAPER IF NECESSARY AND INCLUDE NEEDED PAPERWORK (SEE INSTRUCTIONS). PLEASE INDICATE BY AN "X" IN THE LAST COLUMN THOSE INDIVIDUALS WHO REQUIRE AN APPLICATION FOR ADDITIONAL REGISTRATION ID CARDS. USE ADDITIONAL SHEETS IF NECESSARY.**

FULL NAME	TITLE	% OWNER	ADDRESS

- 12. (a) HAVE YOU BEEN REGISTERED PREVIOUSLY AS A HOME IMPROVEMENT CONTRACTOR? \_\_\_ YES \_\_\_ NO**

- (b) IF YES, PLEASE PROVIDE THE NAME AND REGISTRATION NUMBER UNDER WHICH YOU WERE PREVIOUSLY REGISTERED:**

**NAME:** \_\_\_\_\_ **HIC REGISTRATION #:** \_\_\_\_\_

- 13. (a) ARE YOU CURRENTLY OR HAVE YOU EVER BEEN AN OFFICER, PARTNER, OR CO-VENTURER OF AN APPLICANT WHO PREVIOUSLY APPLIED FOR OR HELD A HOME IMPROVEMENT CONTRACTOR REGISTRATION? \_\_\_ YES \_\_\_ NO**

- (b) IF YES, PLEASE PROVIDE THE NAME OF THE APPLICANT/REGISTRANT AND THE REGISTRATION NUMBER:**

**NAME:** \_\_\_\_\_ **HIC REGISTRATION #:** \_\_\_\_\_

- 14. (a) ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN EMPLOYED BY A REGISTRANT OR APPLICANT FOR REGISTRATION AGAINST WHICH DISCIPLINARY ACTION WAS TAKEN? \_\_\_ YES \_\_\_ NO**

- (b) IF YES, PLEASE PROVIDE THE NAME OF THE APPLICANT/REGISTRANT AND THE REGISTRATION NUMBER:**

**NAME:** \_\_\_\_\_ **HIC REGISTRATION #:** \_\_\_\_\_

- 15. (a) HAVE THERE EVER BEEN ANY COURT JUDGEMENTS OR ARBITRATION AWARDS ISSUED AGAINST YOU?**

\_\_\_ YES \_\_\_ NO

- (b) DO YOU OWE MONEY TO THE GUARANTY FUND?**

\_\_\_ YES \_\_\_ NO

**IF YES TO EITHER, PLEASE IDENTIFY BY DATE, CASE NUMBER, OR DOCKET NUMBER:**

\_\_\_\_\_

- 16. REGISTRATION FEE ENCLOSED: \$ \_\_\_\_\_ GUARANTY FUND FEE ENCLOSED: \_\_\_\_\_**  
**PLEASE INCLUDE TWO (2) SEPARATE CHECKS OR MONEY ORDERS, ONE MARKED "REGISTRATION FEE" AND ONE MARKED "GUARANTY FUND." MAKE CHECKS PAYABLE TO "COMMONWEALTH OF MASSACHUSETTS." (Please see Instructions for the amount of the fee to be paid.)**

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***I hereby swear, under the pains and penalties of perjury, that all information set forth on this application and submitted in support hereof is true and accurate to the best of my knowledge. Further, I certify under G.L. c. 62C, §49A, that I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
If a corporation or partnership, position held.

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR REGISTRATION AS A HOME IMPROVEMENT  
CONTRACTOR OR SUBCONTRACTOR**

Please refer to the following instructions for assistance in completing the Application for Registration as a Home Improvement Contractor or Subcontractor.

ITEM #:

1. **Name**: The name on the application must be the legal name of the applicant, not a DBA of other fictitious name under which you are doing business. If you are renewing a previous registration, the name cannot be a different name than used for the previous registration. If you wish to register using a different name you must file a new registration application and pay the initial registration fee as well as pay the required Guaranty Fund amount.
2. **Number of Employees**: The number of employees must include all construction-related employees who worked 20+ hours or more on the payroll in the weekly pay period prior to the filing of this renewal form. Businesses that are renewing a registration and have increased the number of employees since the previous registration may need to pay an additional amount into the Guaranty Fund pursuant to M.G.L. c. 142A, § 11.
3. **Applicant type**: For all applicants doing business under a name other than their legal name, a copy of the fictitious name certificate filed with the city or town clerk **must be included** with your application.
4. **Federal Tax ID**: Applicant partnerships and corporations **must** submit a Federal Tax I.D. number. Even if the applicant is an individual, he or she must submit a Federal Tax I.D. number if they have employees in addition to the owner.
8. **Responsible individual**: If the Applicant is a corporation or partnership, M.G.L. c. 142A, §9(c) requires an individual to be designated as the person who will be responsible for the corporation's or partnership's work. The identifying information applicable to that designated person must be entered here.
11. **Corporate and Partnership Information**: Corporations or partnerships listing partners, owners, etc. must provide an official document that lists the information entered here. The document may be any one of the following: pertinent sections of the Articles of Organization, a current annual report; or registration with the Secretary of State as a foreign corporation. (Information on these documents can be found on [www.sec.state.ma.us](http://www.sec.state.ma.us).) Organizations other than corporations must submit copies of a business certificate filed in the city or town where the business is located, pursuant to M.G.L. c. 110, § 5.
13. **Prior Affiliations**: Applicants must provide the name(s) of any businesses registered pursuant to M.G.L. chapter 142A and 780 CMR R6 in which the applicant was an officer, partner, or co-venturer. Attach additional sheets as necessary.
14. **Prior Disciplinary Action**: Applicants must provide the name(s) of any businesses against which disciplinary action was taken by the Department of Public Safety or the Office of Consumer Affairs and Business Regulation that the applicant is currently or was once employed by. Attach additional sheets as necessary.
16. **Fees**: Enclose a **certified check or money order for the Registration Fee** and a **separate certified check or money order for the Guaranty Fund Fee** in the amounts indicated below. **Make checks and money orders payable to the "Commonwealth of Massachusetts."**

**Registration Fee**: \$150.00 -- Valid for two (2) years from date of issuance.

**Guaranty Fund Fee**: Applicants must pay the amount that corresponds with the number of their employees:

Zero to three (3) employees:	\$100.00
Four (4) to ten (10) employees:	\$200.00
Eleven (11) to thirty (30) employees:	\$300.00
More than thirty (30) employees:	\$500.00

Completed applications, Registration Fees, and Guaranty Fund payments should be mailed to:

**OCABR--Home Improvement Registration Program  
10 Park Plaza, Suite 5170  
Boston, MA 02116**